



WE'RE ALL STRIVING FOR

Each Child in Care:

- is in a safe and healthy environment
- is developing a lifelong ability to form relationships
- possesses confidence in and appreciation for their own unique abilities and contributions, and ultimately
- the possibility of becoming a productive member of society with
- all the potentials they possessed at birth being fully realized

Minimum Health and Safety Requirements	Quality Care
<p>What does it look like?</p> <p>In Iowa, these are the standards that are required to be met by a child care practitioner who chooses to become a Registered Child Development Home:</p> <ul style="list-style-type: none"> ■ voluntary when caring for 5 or fewer children ■ mandatory when caring for 6 or more children <p>As a public service critical to the social and economic well-being of communities, child care should be adequately regulated and monitored. Strong licensing provisions are one of the foundations upon which a quality early childhood system is built.</p>	<p>What does it look like?</p> <ul style="list-style-type: none"> ■ Continuity of Care: children have an opportunity to create a meaningful relationship, over time, with one particular caregiver. ■ Group Size: small groups are essential for children to develop and sustain relationships with caregivers, peers, and their environment. ■ Whole-Child Focused: each child must be viewed and cared for uniquely, with caregivers trained to recognize individual temperaments, learning styles, communication patterns and respond accordingly.

The quality of care ultimately depends upon the interaction and relationship between the child care provider and the child. “Care” and “Education” cannot be separated into distinct categories. The skill and stability of adults in a child’s life matters most. Our resources and efforts must be directed at increasing the skills and stability of the child care workforce. Iowa’s CCR&R system is prepared to deliver on that effort.

STEPS FOR GETTING THERE

Minimum Health and Safety Requirements	Quality Care
1. Require all child care providers, caring for 3 or more unrelated children on a regular basis for a fee, to be regulated .	1. Increase funding for CCR&R employed Child Care Home Consultants, with an ultimate goal of 1 consultant for every 75 registered Child Development Homes.
2. Require a site visit prior to registration for every child care practioner applying to become a Child Development Home.	2. Clearly delineate the roles and responsibilities of DHS regulatory staff and CCR&R Home Consultation staff. Utilizing the DHS registration checklist as a starting point for consultation would enable CCR&R staff to convey information needed to make regulatory decisions, to DHS staff.
3. Require an annual site / monitoring visit of every registered provider.	3. ~ same comments as above ~
4. Require 40 hours of pre-service training for all regulated child care providers, with implementation in SFY '10, allowing for a one year implementation planning period. Could be a true <u>pre</u> -service or required in the first 3 – 6 months of employment.	4. The professionalism of child care would be enhanced and child care provider turnover would be decreased with adequate awareness level (pre-service) training. Topics would include such things as: child development, group management, basic health and safety, overview - regulatory requirements, curriculum – what is it, system resources, positive behavior management, etc
5. Increase required annual training hours to 24, again with a targeted implementation in SFY '10, allowing for a one year implementation planning period.	5. Enhancing what already exists and ideally, fully aligning with the competencies outline in the Child Development Associate (CDA) credential.
6. Link child care regulatory requirements to Iowa's Early Learning Standards	6. QRS – increase funding support in FY '09 to continue strengthening the cooperative work of DHS and CCR&R. QRS, in many ways, has served to unify the work of those serving early childhood providers and has been widely embraced by child care practioners. We need to continue to build on this strong start.
	7. Create a state recognized position of “Child Care Inclusion Specialist”, with funding sufficient for 5.0 FTE (one position per CCR&R Region). Goal: develop and expand the number of child care providers who can provide services, in the least restrictive environment, for preschool children identified as having special needs, increasing the capacity of providers to care for all children. Additionally, this position could work cooperatively with AEA's in bringing child care practioners into compliance with Iowa's Quality Preschool Program Standards.

STRENGTHENING THE SYSTEM

The CCR&R system has grown to become a trusted and reliable support for not only parents and providers, but as a delivery mechanism for other funders interested in increasing the quality of care (i.e., Empowerment, United Way, etc.). However, as other early childhood systems have seen significant state investment in the past several years, CCR&R has not. Its direct state funding has remained stable for the past decade. As the very infrastructure parents, providers, and funders rely on to deliver many of the quality improvement initiatives underway in our state, it is critical that the ongoing support for CCR&R maintain pace with those expectations – not just funding specific projects, or moving funding in a myriad of indirect and administratively burdensome ways into the CCR&R system -- but direct appropriation to DHS to support and expand the many quality services we deliver in our statewide system efforts.

Iowa CCR&R – System Coordination

Iowa’s CCR&R structure as a “State Managed System”, recognized as such by the National Association of Child Care Resource & Referral Agencies, must be resourced sufficiently to fund at least one full time DHS position dedicated to managing the work of CCR&R within the larger arena of Iowa’s early care and education, and serving as a state-level representative of that system.

Iowa’s Early Childhood System

Consider creating a staffed “managing hub” for Iowa’s many early childhood initiatives that would transcend individual state agencies. Iowa has developed and invested in excellent early childhood system pieces such as:

- Early Childhood Iowa
- Iowa Community Empowerment
- Iowa Quality Preschool Program Standards
- Iowa Quality Rating System
- Iowa Early Learning Standards, etc

Additionally there are numerous early childhood councils and boards.

To gain maximum efficiencies and effectively integrated seamless field-level service delivery; program development, funding, and implementation must be coordinated across State Departments.

The “Early Childhood Coordinated Leadership – 2006 Report to Policy Makers” was the result of a study request to the Iowa Empowerment Board, from the 2005 legislative session. The intent of the study was to identify areas of “... redundancy and

fragmentation in early care, education, health, and human services programs provided to the public.” The identified goals from this study include:

- Increase coordination between these bodies to reduce or eliminate bureaucratic duplication and consolidate responsibilities as appropriate
- Increase the efficiency of working with federally mandated bodies
- Integrate services and service quality functions to achieve improved results
- Integrate state-administered funding streams directed to community based efforts

The well-outlined work of this group needs to continue.

COMMENTS FROM PARENTS

Note: One of the core services of Child Care Resource & Referral is dedicated to supporting parents as they seek child care: ensuring they have access to the tools needed to be good child care consumers and providing a listing of providers that might be able to meet their specific needs. Those using this service are requested to complete a survey about their experiences.

The following list of comments was specifically selected to assist the committee in seeing child care through the parents’ eyes.

“This service is very helpful and appreciated. The handouts helped guide our interviews and find a new day care.”

“Are the child care homes inspected for cleanliness sporadically? You’re [CCR&R] doing a fantastic job! I always have my needs met whenever I utilize your service.”

“My only concern/suggestion is that there is not a rating system from parents to rate the child care provider for future parents who might need a provider. I had only 2 options since I needed weekend care while I work. Information from other parents would have been helpful.”

“Completely unhelpful. When I called I said I had contacted every place in the phone book. I thought I would be getting more information on the in-home care providers – still haven’t found anyone.”

“Wouldn’t take part time infant – only wanted full-time kids.”

“Flexible schedules, evening hours. My schedule varies each week and it’s hard to find in home day care that is willing to work with that. Many do not want kids past 5:00. Let people know there is a demand for evening care.”

“Found a good day person; still need weekend and nights person. Please send me more referral for weekends and nights.” (*there just are not many!*)

“I learned that my options were very limited. I took a pamphlet with me. Not your problem, but there was not quality care available to meet my needs.”

“I needed more part-time options that were affordable. My husband is a student and so we only needed child care for two days a week. We were not able to find anyone on the list who would take our son for that time, without having to pay for a whole week.”

“Left the child care provider because of poor quality.”

List was helpful, but care providers were too expensive and a lot of them don’t do transportation.”

“No one had opening for 2 infants. It was very hard to find someone. Everyone on the list was full.”

“Many of the names on the list were already booked. I ended up taking many referrals from individual providers I contacted ... they were ALL booked. There seems to be a shortage of child care services in the area.”

“On 2 waiting lists for centers and 1 at a home. A lot of the places had openings, just not for infants.”

“Wanted a place where all 3 children could attend together – very difficult.”

“Referral Specials – she was great. Thanks for the pamphlets. Do more drop in visits on homes. Some are very unsanitary for kids. Mold on walls, dog/cat hair everywhere. Dirty homes.”

“Some more screening needs to be done for those who are registered. There were a couple of questionable people that we talked with that I don’t know who would allow them to take care of their children.”

“The referral list that was provided to me – they were all very helpful and interested in having a special needs child. I found care at a local child care center that had an opening come up.”

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